

ASC UTILIZATION REPORT
State Form 49933 (R3/6-05)
INDIANA STATE DEPARTMENT OF HEALTH
Acute Care

#### I. Center Identification

Organization Name	WHITEWATER SURGERY	CENTER
Street Address	1900 CHESTER BLVD	
City	RICHMOND County WAYNE	
Name of Individual completing report	G. MOOTE RN Email Address of Administrator	mporfidio@wweyecenters.com
ASC Web Address:	WWW. Whitewater Date of the end of eyecenters. com the Fiscal Year:	2012
Accredited? Yes: \( \section \) No:	Name of Accrediting Body AAAHC	Deemed Status Yes: No: 🗶
Corporate Tax Status	For Profit X Non	profit
II. Identification of	Surgical Resources	
A. Number of C	Operating Rooms	
Class A 2	Class B 3 Class C	

## B. Employees (Full Time Equivalents) at end of Fiscal Year

	Physician (MD/DO)	Practitioners (Dentists, etc)	RN/LPN	Surgical Tech	Other Employees
Employees	2	N/A	6	8	1.0

## C. Laboratory Services

Have On Site Laboratory Yes_ No: X	Have Off-Site contracted labora Yes: X No:	atory	Name of Contracted Lab  Reid Hospital + Healthcare 36				
CLIA Certificat Type of CLIA C	te Number Certificate (Check (	One)					
Certificate of Compliance:	Certificate of Accreditation:	Certifica Waiver:		Certificate for Provider Microscopy Procedures :			
		/	•				

## D. Ancillary Services (Check if service available during fiscal year)

	Radiology	EKG	Pharmacy
On Site by ASC			
Contractual or by Referral	X	X	X

#### III. Utilization Statistics

#### A. Total Patients and Procedures

TIME PERIOD	NUMBER OF PATIENTS	NUMBER OF PROCEDURES
Since the Beginning of the Year	4310	4918

# B. Ten Most Frequent Surgical Procedures Performed by Demographic Characteristics

Number of Procedures based on age and gender characteristics

		110011001		i age and gender en	
CPT	TOTAL	FEMALES	1-17 YEARS	18-64 YEARS	AGE 65+ YEARS
CODE	PROCED.				
60984	2537	1361	1	523	2013
66821	809.	516.	0	137	672
6.5855	554	324		230	323
66182	136	59	0	41	95
15823	92	47	0	21	7/
67311	91	45	75	//	5
69924	40	17	0	3	37
69917	40	21	0	4	36
11441	34.	15	0	/4	20
67314	26	10	17	8	
All			101	6	/
Others	559	<i>3</i> 87	136	272	/5/
Total	4918	2802	230	1264	3424

### C. ASA Risk Classification for Surgical Procedures

Please identify the number of patients by the risk categorization recommended by the American Society of Anesthesiologist. Class 4 combines the ASA P5 and P6 categories. The web site can be found at <a href="http://www.asahq.org/clinical/physicalstatus.htm">http://www.asahq.org/clinical/physicalstatus.htm</a>

ISDH	ASC UTILIZATION	REPORT	Page 3
# of Patients with no	# of Mild Systemic	# of Severe	# of Disease Threatening
medical problems	Disease	Systemic Disease	Life (Class 4)
(Class 1) 1530	(Class 2) 1937	(Class 3) 843	Ø

1520	1027	012	
1000	1701	07.7	

## IV. Outcomes from Surgical Procedures

## A. Number of Patient Transfers to Inpatient Facilities

STABLE	NUMBER OF	UNSTABLE	NUMBER OF
TRANSFERS	TRANSFERS	TRANSFERS	TRANSFERS
Additional		Additional Intervention	
Intervention	8	Therapy	
Therapy	.0		
Antibiotic Therapy		Anaphylactic Reaction	,
Bleeding		Angioplasty PTCA	
		Procedure	
EKG Changes		Breathing Difficulties	
	-	Respiratory Distress	
Nausea - Vomiting		CABG CV Surgery	
Observation		Chest Pain	
Pain Control		EKG Changes	
IV Therapy		Seizures	<i>V</i>
Planned Referral	O	Unstable Medical	
and Transfer	N. Contraction of the contractio	Condition	<i>1</i>
Total Stable	a	Total Unstable	
Transfers	<i>y</i> 0	Transfers	

#### **B. Other Outcomes**

B. Otner Outcomes		
	Number	% of Cases
Number of Patients with a Post-Surgical Wound Infection within		00/
30 days following a surgical encounter		0 /0
	-	
Number Of Patient Deaths Occurring in the Center		
Number of patients who stayed in the ASC greater than 24 hours:	<b>O</b> patien	ts

						E			